



RCE [Signature] 1/13/05

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO. 053466-0295

Applicant: Yasuo KOISHIHARA

Title: INHIBITOR OF LYMPHOCYTE ACTIVATION

Appl. No.: 09/760,723

Filing Date: 01/17/2001

Examiner: G. Ewoldt

Art Unit: 1644

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

Please enter and consider the amendment/reply previously filed on
September 14, 2004.

01/14/2005 SSITHIB1 00000011 09760723

01 FC:1801 790.00 OP

01/14/2005 SSITHIB1 00000011 09760723

02 FC:1252 450.00 OP

[] Please consider the Affidavit(s)/Declaration(s) previously filed on __ but not considered.

[] Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on __.

[] Other __.

b. Enclosed are:

[] Amendment/Reply.

[] Affidavit(s)/Declaration(s).

[X] Information Disclosure Statement (2 pages).

[X] Form PTO\SB\08 with copies of 1 listed reference.

[] Other .

Miscellaneous:

[] Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of __ months.

The filing fee is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Fee Totals |
|------------------|-------------------|---------------------|----------------------|-----------------------------------------------------------------|------------|
| RCE Fee 1.17(e): | | | | \$790.00 | = \$790.00 |
| Total Claims: | 11 | - 20 | = 0 | x \$50.00 | = \$0.00 |
| Independents | 2 | - 3 | = 0 | x \$200.00 | = \$0.00 |
| | | | | First presentation of any Multiple Dependent Claims: + \$360.00 | = \$0.00 |
| | | | | CLAIMS FEE TOTAL: = | \$790.00 |

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | | | |
|-------------------------------------|-----------------------------------------------------------|------------|---|-----------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$120.00 | 0 | \$0.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the second month: | \$450.00 | | \$450.00 |
| <input type="checkbox"/> | Extension for response filed within the third month: | \$1,020.00 | | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,590.00 | | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$2,160.00 | | \$0.00 |
| | EXTENSION FEE SUBTOTAL: | | | \$450.00 |
| | EXTENSION FEE ALREADY PAID: | | | \$0.00 |
| | EXTENSION FEE TOTAL | | | \$450.00 |
| | CLAIMS AND EXTENSION FEE TOTAL: | | | \$1240.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | | \$0.00 |
| <input type="checkbox"/> | Suspension of action requested under 37 C.F.R. § 1.103(c) | | | \$0.00 |
| | TOTAL FEE: | | | \$1240.00 |

Please charge Deposit Account No. 19-0741 in the amount of _____
A duplicate copy of this transmittal is enclosed.

A check in the amount of \$1,240.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

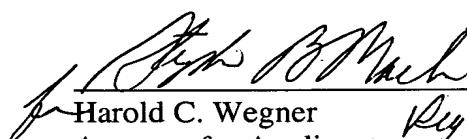
Respectfully submitted,

January 13, 2004

Date

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